STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.		/_	FOR	- John,	/~ {/ OI GE	STA DEPARTMENT OF	TE OF A	ARYLAND I AND MEN	NTAL (1)	YGIENE (3 1	3 4	
DECEASED NAME RICHard D. Bedsworth Richard	/				MEI	DICAL EXAMIN	IER'S C	ERTIFICA	ATE OI	FDEATH	REG. NO.		
Richard D. Bedsworth Sex	and !			FIRST		WIDDLE		LAST				INTH DAY YEAR	2b. HOUR
male white May 14, 1908 73 yes. No. N	EN/100	(TYP			d D.	Beds	swor	th		OF 1 DEATH M	ATED S	4 - 4	10PM
No. CITIZEN OF WHAT COUNTRY S. MARRIED NEVER MARRIED NEVER MARRIED S. MONCEON D. S. MONCEO D. S. MO					MONTH DAY	YEAR LAST SHITHD	AY) MONT			MIN. PRONOUNCE	ED -	The same of the sa	24. 110 OK
10. CITY OR TOWN OF DEATH Princess Anne 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Princess Anne 12. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION ON EXERCISE ADMISSION) 136. STATE 136. STATE 136. STATE 136. STATE 136. STATE 137. SOME TSET 137. STATE 138. STATE 139. STATE 139. STATE 130. STA	1	FO	REIGN COUNTRY)		76. CITIZEN OF WE	HAT COUNTRY?	8. MARR	_		DU	_	DUNTY OF DEATH	
Princess Anne Princess Anne Princess Anal	7												MD.
13c. CUNTY 13c		Pr	incess	Anne	(IF NOT IN SUCH FA	ite #3		EK INSTITUTIO	JN	FOR MOST OF WORKIN	G LIFE)	OR INDUS	
14. FATHER'S NAME RICHARD 15. MOTHER'S MAIDEN NAME FRST 16. MOTHER'S MAIDEN NAME FRST 17. INFORMANT ADDRESS Mrs Della Davis Salisbury Md Nrs Della Davis Salisbury Md Nrs Della Davis Salisbury Md Nrs Nrs Della Davis Salisbury Md Nrs		13a. S	TATE	13b. COUNT	Y	13c. CITY OR TOWN				13e. STREET ADDRESS Rou te	e 3		
RIST NAMEDIA W. BECSWORTH IIda MCDaniels Modera Modera Modera Modera Modera	4									NAME			
The conditions if only, which gave rise to immediate couse (a) stoting the under-lying couse last. The condition for which operation was performed? The couse (b) stoting the under-lying couse last. The condition for which operation was performed? The couple (c) The couple (c) The couple (c)	Û		Richard		W.	Bedswort		IC	la	MIDD	McD	aniels	* his coll
18. CAUSE OF DEATH (Enter only one cause per lind for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: Conditions, if ony, which gave rise to immediate couse (a) but TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTING OR A.M. MONTH DAY YEAR P.M. 190. 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 100 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 101 PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR WHICH OPERATION WAS PERFORMED? 216. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 191. LOCATION 217. LOCATION		16a. V (YI	'AS DECEASED E' S, NO, OR UNKNOWN			16b. SOCIAL SECURIT	Y NO.						
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. 220. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , ond in my opinion			death resolved t	TV L	il couses (Accident L., 30	HCIGE			Onderermined mann	ler LJ,		
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Bradshaw & Sons

Crisfield, Md.

FOR - STATE

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REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL AUGIENE

CERTIFICATE OF DEATH

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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	1	FOR - STATE REGISTRAR	DE	PARTMENT OF	E OF MARYLAND HEALTH AND MENTAL TO FICATE OF DEATH	GIEN O	3036
o o o o o o o o o o o o o o o o o o o		CEASED NAME FRST E OR PRINT) Pearli	e Mae Enna		LAST	11381	MONTH DAY YEAR 26 HOUR
(NA)	3 SE	emale	4 RACE Black	5. DATE	OF BIRTH H 27-22 YEAR	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN. YRS.
deoth the Zamera the Zamera the Zamera	Roc	REINGham, N.C.	76 CITIZEN OF WHAT COULD U. S. A.	MARRIE	EN NEVER MARRIED	C	OR COUNTY OF DEATH
by the fulled with	CA	isfield, Md.	11. NAME OF HOSPITAL, N MC ready Men	ionial He		12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O	ION DE WORKING LIFE) INDUSTRY
AND 21:	130	8	JNTY 13C GITY:O	E BEFORE ADMISSION	13d. INSIDE CITY LIMITS?	330 14	ler St.
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TIMORE be executed on and controls. Pages		WAS DECEASED EVER IN U.S. A YES, NO OPJUNKNOWN) (IF YES, GI	IVE WAR OR DATES)	1 SECURITY NO. 2-3645	CInton	Ennals Ci	
ST., BAL ertificate g physica anpoper emavol. event, th		18 CAUSE OF DEATH Enter of PART I. DEATH WAS CAUS IMMEDIA		ute 1	(I		APPROXIMATE INTERVAL BETWEEN ONSEINED DEATH Custle thous
NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours oftending physician. The law requires that the death certificate be executed within 24 hours oftending physician and completely filled in bos the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be fill than d Mental Hygiene prior to buriol, cremotion, or removal. The page 1 and 2 shows any injury, or other traumantic event, the medical examine must be in a standard law or the page 1.		Conditions, if ony, which gove rise to immediate couse 101, stating the underlying cause lost.	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON				
requires to signed. Then ple injury, ar	NOI	PART 2 OTHER SIGNIFICANT	CONDINONS CONTRIBUTION		NOT RELATED TO THE TER	rminal disease or con	DITION GIVEN IN PART 1(0
AL RECC	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	DN WAS PERFORMED	20a. AUTOPSY? YES NO NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{c} \text{NO} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
SICIAN: ng physic certification ricol-trans ental Hygelfem 18 sl		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		H DAY YEAR		JRRED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
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ATTENDI spital or CTOR: A for use of Heali			pital) attended the deceased on	21	nd that in (my) our) apinio	n deoth occurred on the d	ote and hour and from the couses stated
rat OR y y the ho vat DIRE detoched ate Dept		126 SIG	1 Steeler	41 W		MEDICAL STA	
TO HOSPITA retained by TO FUNERA should be do with the Sta		ares H. Sterl			320 W. Main	Street (nis	lield, Md. 21817
BP		BURIAL, CREMATION, REMOVA (SPECIFY)	1/21/8/	1/	DUNY CEMATOR	LAWSO	nia Som. STATE
DHMH - 16 60M 1/75		UNERAL DIRECTOR	SWE ST CADDR	esspiald	Md 21817 250. D	ATE REC'D. BY REGISTRAR	256. RECISTRAR'S SIGNATURE

THE REPORT OF THE PARTY OF THE

1-	FOR STATE		DEPARTMENT OF	HEALTH AND MEN	HTAL HE GIENE	TU	3 0	3 7	
	REGISTRAR ECEASED NAME PE OR PRINT)	FIRST	MIDDLE TRANCES	ESLEY		DATE KNOWN OF ESTI- DEATH MATED	4	10 19 81	9130 P M
3. SE	emale Whit	te 1 8	YEAR LAST BIRTHI		HOURS MIN	PRONOUNCED DEAD	MONTH	10 1981	2d HOUR 10:30
133	BIRTHPLACE (STATE OR OREIGN COUNTRY) Maryland	U.S.A			DIVORCED	Somers	et		MD
300	Marion	(IF NOT IN SUCH FA	cility, GIVE STREET ADDRESS)	E, OR OTHER INSTITUTION	FOR M	AL OCCUPATION OST OF WORKING LIFE)	{TYPE OF WORK	OR INDUST Seafor	RY
13a.	STATE II:	ing home or other institution, gi 3b. COUNTY Somerset	13c. CITY OR TOWN Marion	13d. INSIDE CITY YES	LIMITS? 13e. STRE		t. 1 Q. F	owell Ro	i.
90	Clayton	MIDDLE S.	Howard	FIRS A	s maiden name	Fran		Lankfo	ord
	WAS DECEASED EVER IN YES, NO, OR UNKNOWN)	N U.S. ARMED FORCES? IF YES, GIVE WAR OR DATES)	216-20-		Esley, J			3 a bcde	
SED AS BURBAL-TRANSTR PERMI PEALTH AND MENTAL HYGIENE CREMATION, OR REMOVAL.		y, which mmediate (b)	AS A CONSEQUENCE AS A CONSEQUENCE BUT NOT RELATED TO THE TER		SIVEN IN PART 1 (a).	easis			
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WOKE, WAKITAND, ZIZ	22a. I certify that I to death resulted from: ACTUAL SIGNAL RE	Notural couses	Accident . S	Autopsy , uicide , Homicid TITLE (SPE	ECIFY) MEDI	Inquiry A Primined monner C	ond in my o	J-/2	21817
BALTMORE, M.	BURIAL CREMATION, RE-	MOVAL 23b. DATE 1/12/81		METERY OR CREMATOR	ry 23d. LO	CATION DRIOWN Cisfield		100	STATE Md.
0.4	FUNERAL DIRECTOR					REGISTOR 156. R		The second secon	a-sing

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	STATE OF MAI	RYLAND	~2 0
lı.	FOR DEPARTMENT OF HEALTH AI	ND MENTAL BYGIENE U 3	5 G
1 '	REGISTRAR MEDICAL EXAMINER'S CER	RTIFICATE OF DEATH REG. NO.	
1. D	CEASED NAME FIRST MIDDLE LAST	T 20. DATE KNOWN MONTH	DAY YEAR 26. HOUR
	PE OR PRINT)	OF ESTI-	- 12
	Joseph VINCENT HAV	DEATH MATED	31 10 81 8 AM
SE	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER LAST BIRTHOUSE) MONTHS 1	PROVIDENCED	DAY YEAR 2d HOUR
Y	91e White April 5 1919 61 YRS.	DEAD	31 1981 42
7 o. 1	IRTHPLACE (STATEOR 76 CITIZEN OF WHAT COUNTRY? 8	9. BALTIMORE CITY OR COUNT	
15		NEVER MARRIED	
0.0	7,70.0		MD.
10.0	ITY OR TOWN OF DEATH 9 NO 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER A (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) HOME OF	MISTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
F	Truces there Dheal Island Md.	Mainteince School	MaiNtence
	AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	10.000	
130	0 11 12 5	I. INSIDE CITY LIMITS? 139-STREET ADDRESS YES NO 13 Roy 13 Box 9	13
14 5		MOTHER'S MAIDEN NAME	
1	FIRST MIGICLE LAST	FIRST MIDDLE	LAST
-	Chn Havrilla	auline H.	AUrilla
160.		INFORMANT ADDRESS B9	Itimore md.
y	(IF YES, GIVE WAR OR DATES) (IF YES, GIVE WAR OR DATES) 208-05-3834	Ita Heath 1528 Coving	gtonstreet
	18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)		APPROXIMATE INTERVAL
	PART I DEATH WAS CAUSED BY:		BETWEEN ONSET AND DEATH
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-	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET		
	220. I certify that I taak charge af the remains described abave, held an Autapsy	, Inspection , Inquiry , and in my opi	inion
	death resulted fram. Natural causes Accident . Suicide .	Hamicide, Undetermined manner,	
	180	TITLE (SPECIFY)	1/2.10
	ACTUAL SIGNATUREM,D	DEPUTY MEDICAL EXAMINER SIGNED	1/31/81
	V000	209 A BEECHNOOD ST.	1010-0
	EXAMINER'S NAME (K.D.) PINAK, M.D. ADD	PRINCESS ANNE MI	71823
22		DRESS TETROCES TINNE, TE	
230.	URIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CR	/ CITY OR TOWN COUN	STATE
-	remation 2/1/8/ Delmarua Cr	remator/Lewes Jassuy	Dequare
24.	UNERAL DIRECTOR MANE ADDRESS/	250. DATE REC'D. BY REGISTRAR 25b. REC	markety
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2/2/8/ ph STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH Middle Last 2a. DATE OF DEATH DECEASED-NAME First 2b. HOUR (Type or print) Manth Year 10:05 Robert Trader 1-13-81 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNGER 24 HRS 3. SEX 6. AGE (In years last birthday) MONTHS HOURS White Male 3-17-01 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 8. MARRIED NEVER MARRIED country) Somerset WIDOWED [DIVORCED T USA 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast of working life, even if retired.) HARM give street address) Crisfield McCready Mem. Hosp. JARMER 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13a, USUAL RESIDENCE (Where deceased hand institution; Residence before 13 COUNTY Maryland YES X NO -Worchester Pocomoke 814 Second St Middle 14. FATHER'S NAME Middle IS MOTHER'S MAIDEN NAME First BALTIMORE, 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (Yes, na, ar unknawn) 212-12-3746 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) GETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Neumonia 5 clay PRESTON STREET, IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Lymphocytic Leukemia Canditions, if any, which gave : rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause please PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? NO TO YES 🗍 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) burial, 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY DR CONTRIBUTING CAUSE OF DEATH HOUR A.M Manth Day Year (If either, notity medical examiner P.M 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) State 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town Caunty While Nat while at wark .. 19 & /_. ta 22a. I certify that (1) (this haspital) attended the deceased fram 1/8 _19_21, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive ancauses stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED-**ATTENDING** STAFF DEGREE PHYS. DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S shauld be of Health o NAME (Type) Dr. Paul Fleury Pocomoke Med. Center, Pocomoke, Md 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY, 23a. BURIAL CREMATION, REMOVAL (Specify) 25b. REGISTRAR'S SIGNATURE! 24. FUNERAL DIRECTOR REC'D BY REGISTRAR DHMH - 16 3/72 25M DATE JAN Bell Haven (VR A15 (4)) Fred Mapp Funeral Home.

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(T)	ECEASED NAM	E FIRST		MIDDLE MIDDLE	LAST	2	DATE KNOWN	O. MONTH DA	YEAR 2
	YPE OR PRINT)	DAN		Edgar	WILLIAMS,		OF ESTI-	1-14-	81
3. SE	X	4. RACE	5. DATE OF BIRTH		RS IF UNDER 1 YR, IF U		c. DATE RONOUNCED	MONTH D	AY YEAR 12
	na1e	white	6/13/19				DEAD	1-14-	1981
	BIRTHPLACE TO		76. CITIZEN OF WE	HAT COUNTRY?	8. MARRIED X NEVER	MARRIED 9	BALTIMORE CITY		FDEATH
	elmar,		USA			VORCED	Somerset	,	
4	city or town Rehobeth		11. NAME OF HOS INF NOT IN SUCH FA Church	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) yard Rehobet	or other institution th, Maryland	1 120 USUA FORMO Mi	AL OCCUPATION TYP DST OF WORKING LIEE) nister	PE OF WORK 12b.	KIND OF BUSIN OR INDUSTRY Chur
130.	STATE	126. COUNT	TY	13c. CITY OR TOWN	13d. INSIDE CITY LIE	NITS? 13e. STREI	et ADDRESS X 139, C	o1 h o	no C.
	arylan		set	Marion S			x 139, C	ourbor	ne Cre
14. F	ATHER'S NAM	E	MIDDLE	LAST	EIRST	MAIDEN NAME	MIDDLE		LAST
-	Dan		Edgar	Willi		ouise	Esther	Tayl	.or
16a.	WAS DECEASE YES, NO, OR UNKN	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY			ADDRESS	. sam	e asla (wife)
No	0			1216-14-9	562 Mrs. M	largare	t W. Wil		
	18. CAUSE O	OF DEATH (Enter onli EATH WAS CAUSED	y ane couse per line					8	APPROXIMATE INT
	1/2	/ IMMEDIAT	E CAUSE (o)		rotic cardi	ovascula	r disease		
	172	ohs, if ony, which	DUE TO, OR	AS A CONSEQUENCE O	OF '				
-		ise to immediate	(b)						
1	couse (colling co	stoting the under-	DUE TO, OR	AS A CONSEQUENCE C)F				
	7,9 co	030 1031.	(c)						
1.		IGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE DR CONDITION GIVE	N IN PART 1 (s).			
1 5									
1 8	10- DATE O	FOPERATION	19b. CONDIT	10N FOR WHICH OPER.	ATION WAS PERFORMED	?		20	AUTOPSY?
CATIO	170. DATE O								YES T
TIFICATIO	19th DATE O								
CERTIFICATIO	216. EXTERN	AL CAUSE WAS	21b. TIME OF HOUR A.M	INJURY MONTH DAY YEAR	21c. HOW INJURY OCC	CURRED (ENTER NA	TURE OF INJURY IN ITEM 18	PART 1 OR PART 2)	
CAL CERTIFICATIO	210. EXTERN UNDERLYIN	G OR ING CAUSE OF D	HOUR A.M	MONTH DAY YEAR		CURRED (ENTER NA	TURE OF INJURY IN ITEM 18	PART I OR PART 2)	
AEDICAL CERTIFICATIO	21a. EXTERN UNDERLYINI CONTRIBUT 21d. INJURY	G OR ING CAUSE OF D OCCURRED	HOUR A.M DEATH P.M 21e PLACE C	MONTH DAY YEAR 19 DE INJURY (AT HOME.	21c. HOW INJURY OCC	CURRED (ENTER NA	TURE OF INJURY IN ITEM 18		
MEDICAL CERTIFICATION	216. EXTERN UNDERLYIN CONTRIBUT 21d. INJURY WHILE AT WORK	G OR ING CAUSE OF D	HOUR A.M DEATH P.M 21e PLACE C	MONTH DAY YEAR	21f. LOCATION	CURRED (ENTER NA		PART 1 OR PART 2) COUNTY	
MEDICAL CERTIFICATIO	AT WORK	G OR ING CAUSE OF D OCCURRED NOT WHILE AT WORK	DEATH P.M. 21e PLACE C STREET, FACT	. MONTH DAY YEAR . 19 DE INJURY (ATHOME, ORY, EARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	
MEDICAL CERTIFICATIO	220 I cert	G OR ING CAUSE OF D OCCURRED NOT WHILE AT WORK	DEATH P.M. 21e PLACE C STREET, FACT	. MONTH DAY YEAR 19 OF INJURY (ATHOME. ORY, EARM, ETC.)	211. LOCATION STREET Autopsy X, Ins	pection ,	CITY OR TOWN		
MEDICAL CERTIFICATIO	AT WORK	G OR ING CAUSE OF D OCCURRED NOT WHILE AT WORK	DEATH P.M. 21e PLACE C STREET, FACT	. MONTH DAY YEAR 19 OF INJURY (ATHOME. ORY, EARM, ETC.)	211. LOCATION STREET Autopsy X , Ins	pection , Undeter	CITY OR TOWN	COUNTY	
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MEDICAL CERTIFICATION	AT WORK 220 Cert death resul ACTUAL SIGNATURE	G OR ING CAUSE OF D OCCURRED NOT WHILE AT WORK	HOUR A.M. P.M. 21e PLACE C STREET, FACT	MONTH DAY YEAR 19 DF INJURY (ATHOME. ORY, EARM, ETC.) cribed obove, held an Accident , Sui	Autopsy X, Inscide , Hamicide TITLE (SPEC	pection , Undeter FY)	Inquiry , or mined manner ,	COUNTY nd in my apinion	
2	220 I cert death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	G OR ING CAUSE OF D OCCURRED NOT WHILE AT WORK ify that I taok charge ted fram: S NAME INT)	HOUR A.M P.M 21e PLACE C STREET, FACT House of the remains des	MONTH DAY YEAR 19 DE INJURY (ATHOME, ORY, EARM, ETC.) cribed obove, held on Accident . Sur	Autopsy X, Inscide , Hamicide TITLE (SPEC	pection , Undeter FY) Cant MEDIC 1 Penn 1234 LOC	Inquiry, or mined manner, CAL EXAMINER Street	COUNTY nd in my apinior DATE SIGNED	1-15-8
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23a. B	220 I cert death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	G OR ING CAUSE OF D OCCURRED NOT WHILE AT WORK ify that I taak charge ted fram: S NAME INT) ATION, REMOVAL 2.	HOUR A.M P.M 21e PLACE C STREET, FACT House of the remains des	MONTH DAY YEAR 19 OF INJURY (AT HOME. ORY, EARM, ETC.) Cribed obave, held an Accident , Sur Guard, M.D. 23c. NAME OF CEA	Autopsy X, Inscide TITLE (SPEC M.D. Assist ADDRESS 11	pection , Undeter FY) Tant MEDIC 1 Penn 238 LOC CITYO	Inquiry, or mined manner, CAL EXAMINER Street	COUNTY DATE SIGNED_ COUNTY	1-15-8

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